

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <div style="text-align: center; font-size: 1.2em;">Marilinda Garcia for Congress</div>			
<b>ADDRESS</b> (number and street) PO Box 821			
<b>CITY, STATE, and ZIP CODE</b> <div style="display: flex; justify-content: space-between;"> <span>Salem</span> <span>NH</span> <span>03079</span> </div>			
<b>2. NAME OF CANDIDATE</b> Marilinda Garcia	<b>3. OFFICE SOUGHT</b> (State and District) <div style="display: flex; justify-content: space-around;"> <span>NH</span> <span>02</span> </div>		<b>4. FEC IDENTIFICATION NUMBER</b> C00552364
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

  

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>Robert Cruess</b>  6 Orchard View Dr  Amherest NH 03031	RG Morom Inc  <b>Transaction ID : F6.11468</b> Occupation Engineer	10/24/2014	1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>John James Dagianis</b>  5 Coliseum Ave  Nashua NH 03063	Name of Employer Nashua Eye Association  <b>Transaction ID : F6.11469</b> Occupation Opthamologist	Date (month, day, year) 10/24/2014	Amount 1000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>Ronald Kaufman</b>  250 Beacon Street  Boston MA 02116	Name of Employer Dutko and Associates  <b>Transaction ID : F6.11466</b> Occupation consultant	Date (month, day, year) 10/25/2014	Amount 1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>Jeffrey Luter</b>  119 Hollis Rd  Amherst NH 03031	Name of Employer Information Requested  <b>Transaction ID : F6.11467</b> Occupation Information Requested	Date (month, day, year) 10/24/2014	Amount 1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE</b> 1111 14TH STREET, NW SUITE 1100 WASHINGTON DC 20005	Name of Employer   <b>Transaction ID : F6.11476</b> Occupation	Date (month, day, year) 10/24/2014	Amount 2000.00

  

<b>SIGNATURE (optional)</b> David Horan  <div style="text-align: center;">[Electronically Filed]</div>	<b>DATE</b> 10/26/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)

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<b>CITY, STATE, and ZIP CODE</b> Salem NH 03079			
<b>2. NAME OF CANDIDATE</b> Marilinda Garcia		<b>3. OFFICE SOUGHT</b> (State and District) NH 02	
<b>4. FEC IDENTIFICATION NUMBER</b> C00552364		<i><b>continuation page</b></i>	
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
AMERICAN SOCIETY OF ANESTHESIOLOGISTS  520 N NORTHWEST HIGHWAY  PARK RIDGE IL 60068	Transaction ID : F6.11473 Occupation	10/24/2014	5000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Choice in Health Care Committee  11 Washington Pl  Bedford NH 03110	Transaction ID : F6.11472 Occupation	10/24/2014	2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC) PO BOX 98629  RALEIGH NC 27624	Transaction ID : F6.11470 Occupation	10/24/2014	2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE FREEDOM'S DEFENSE FUND  2776 S ARLINGTON MILL DR #806  ARLINGTON VA 22206	Transaction ID : F6.11475 Occupation	10/24/2014	5000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE RIGHTNOW WOMEN PAC  PO BOX 30844  BETHESDA MD 20824	Transaction ID : F6.11471 Occupation	10/24/2014	2000.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> WALTERS FOR CONGRESS  C/O 8001 IRVINE CENTER DRIVE, #400  IRVINE CA 92618		Name of Employer  <b>Transaction ID : F6.11474</b> Occupation	Date (month, day, year)  10/24/2014	Amount  2000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>		Name of Employer  Occupation	Date (month, day, year)	Amount
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>		Name of Employer  Occupation	Date (month, day, year)	Amount
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>		Name of Employer  Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>		Name of Employer  Occupation	Date (month, day, year)	Amount